



Ministry of Drinking Water  
and Sanitation



wsp  
water and  
sanitation program

# WHAT WORKS AT SCALE?

## **DISTILLING THE CRITICAL SUCCESS FACTORS FOR SCALING UP RURAL SANITATION**

April 25, 2014







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Proceedings of the Knowledge  
Sharing Forum

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Ministry of Drinking Water and  
Sanitation in collaboration with  
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the World Bank







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# EXECUTIVE SUMMARY

The Ministry of Drinking Water and Sanitation, Government of India, in collaboration with the Water and Sanitation Program (WSP) of the World Bank, brought together policy makers, scholars and practitioners from 12 States and 6 countries in Asia and Africa in Jaipur, India for the Knowledge Sharing Forum: *What works at scale? Distilling critical success factors for scaling up rural sanitation*. Based on 34 presentations, break-out group discussions and the final deliberations, participants at the Forum analyzed in detail issues critical for success in sanitation programs that lead to robust implementation and sustained outcomes at scale. International experience and good practice in India has shown how success can be achieved. The key to a rapid transition in rural sanitation is commitment to learn from this experience and adapt it to the special circumstances in each of the more than 600 districts in India.

*The Nirmal Bharat Abhiyan (NBA)* – Clean India Campaign – focuses on a comprehensive program to ensure the sustained use of safe sanitation facilities in rural areas, eliminating the practice of open defecation and ensuring a clean environment. Its experience has shown that without motivation for safe sanitation, facilities will not be consistently used. In this context, demand creation must come before physical implementation and continue with support for sustained new practices after construction. The focus is not on individual households, but rather on groups of people such as the habitation, village, community (Panchayat) who work together and support each other in achieving sustained open defecation free status. Once demand is created a strong supply chain must be in place to respond rapidly.

A consensus emerged at the Knowledge Sharing Forum in Jaipur that achieving the desired results depends on the strong commitment in all States and Districts to empower communities to take the lead in their transition to open defecation free status and a clean environment. Two other strategic elements that were identified for scaling up sanitation throughout India are a strong enabling environment with clear and systematic strategies and an institutional structure dedicated to sanitation especially at the district and block levels. Other elements that were included in the enabling environment are capacity building at all levels, effective and timely monitoring as well as convergence among programs.

The aforementioned issues are summarized in four thematic themes below. The report is organized around the same four themes.

## THEME 1 DEMAND CREATION AND BEHAVIOR CHANGE COMMUNICATION

- Initial demand creation for safe sanitation must come before physical implementation through activities such as triggering and participatory rural appraisal (PRA). Both triggering and PRA help community members to reflect on and understand their own sanitation situation, leading to the desire for change and to commitment. This behavioral change communication focuses on the whole community in group change processes, rather than individual households.
- The themes or basic messages around which interpersonal communication takes place differ for men and women, young and old (segmentation). These may, for example, focus on dignity, safety, upward mobility, privacy (often for women), costs (often for men).



- IEC<sup>1</sup> combines interpersonal communication and media optimally. Interpersonal communication is most effective in stimulating new behaviors and practices and must take place on a continuing basis, not just as a one-time activity.
- The initial demand after triggering must be maintained and transformed rapidly into safe sanitation facilities that are consistently used and maintained. This transformation is achieved through elements such as continued interpersonal communication, active local leadership, a strong supply chain and monitoring.
- Support for sustained new behaviors should continue after construction. In this, a greater focus may be needed on hygiene promotion and practices such as handwashing, disposal of young child's feces and maintenance of toilets.
- The National and State award programs are effective in stimulating scaling up of the sanitation effort and have been expanded in many States to focus on institutions such as schools, habitations, Panchayats, blocks and districts.
- Multiple technology and design options should be available that reflect consumer demand, not just a single model. These options should serve the poorer families as well as households who want to improve their facilities, moving up the sanitation ladder.
- Greater focus is needed on access of rural areas Panchayats to materials and products from government-assisted and private providers or rural sanitation marts.
- Household incentives should be provided only after the community has taken steps to become open defecation free, demonstrating commitment to being open defecation free.

### THEME 3 SYSTEMATIC IMPLEMENTATION: WHAT LOCAL GOVERNMENTS DO

- Systematic program implementation is a key to sustained behavior change. Example of 6-step timeline process for a sanitation campaign in a hamlet, village or Panchayat is: (1) preparation and commitment by Panchayat or VWSC and community institutions, (2) motivation through triggering or PRA activities, (3) immediate mobilization through all groups and follow up through interpersonal communication, (4) construction and disbursement of financial incentives, (5) post-construction and sustainability

### THEME 2 SUPPLY CHAIN THAT SUPPORTS DEMAND

- The supply chain should provide easy access to affordable materials of adequate quality and capable construction know-how and services.

<sup>1</sup>Information, Education, Communication







of household sanitation, (6) solid and liquid waste management.

- Large-scale mobilization within the community, including government and almost all local groups, with capacized field workers among these among these. High priority for continuing capacity building is needed at all levels. There were many examples of capacity building through training/workshops, as well as field visits, on-the-job support and mentoring.
- Accurate monitoring is needed of toilet use and maintenance, construction quality and program implementation including finance. Monitoring information is meant to be used, to take action to improve the situation as needed. There were many examples at the Forum of internal (from within community) and external (by outsiders not connected to the local sanitation program).
- Convergence of principle sources of MGNREGA and NBA has been successful in several districts. However, for each program, behavioral change communication and demand creation must come before construction to ensure that facilities and services are used as intended.

#### **THEME 4 STRONG INSTITUTIONS AND AN ENABLING ENVIRONMENT**

- Committed leadership at all levels is key to successful scaling up together with empowering policies at State level with operational, financial and convergence guidelines.
- Community-led sanitation requires a professionalized support system at district and block levels with teams whose only responsibility is to take sanitation forward through support for triggering/PRA, capacity building, monitoring and 'handholding' as required.
- Good program management with accurate and rapid monitoring and financial transfers for households and community award systems.
- Both monetary and non-monetary support is needed judiciously as expecting volunteers to work on a committed basis over the long-term is not effective. Adequate salary/honoraria and individual output-based incentive systems (for achieving ODF) are needed for staff and field workers together with logistics for transportation.



# INTRODUCTION

In February 2014, the Ministry of Drinking Water and Sanitation, Government of India, in collaboration with the Water and Sanitation Program (WSP) of the World Bank, brought together policy makers, scholars and practitioners in Jaipur, India for the Knowledge Sharing Forum: *What works at scale? Distilling critical success factors for scaling up rural sanitation*<sup>2</sup>. The participants at the Forum examined the conditions for success in sanitation programs and strategies that lead to robust implementation in their States and countries. Participants within India came from State and District sanitation programs, international organizations, non-governmental organizations and the private sector. Bringing international experience to the Knowledge Sharing Forum, strategic inputs were provided by key resource people from Bangladesh, Cambodia, Indonesia, Tanzania, Thailand and Uganda. Prior to the formal sessions of the Forum, international participants visited 2 Districts in Rajasthan, observing the sanitation campaign where open defecation free status had been achieved.

The Knowledge Sharing Forum was inaugurated by Mr. Shreemat Pandey, Principal Secretary of the Rural Development and Panchayati Raj Department, Rajasthan. The Principal Secretary noted that giving financial support to people for toilets has not largely succeeded when motivation and demand are insufficient. The key issue is behavioral change.

An overview of progress in rural sanitation was provided by: Mr. Sujoy Majumdar, Director (Sanitation) Ministry of Drinking Water and Sanitation, Government of India; Ms. Smita Misra, Lead Water & Sanitation Specialist, World Bank; and, Mr. Joep Verhagen, Senior Water and Sanitation Specialist, WSP. In his overview of the Government's Nirmal Bharat Abhiyan (NBA) – Clean India Campaign, Director Sujoy Majumdar emphasized that the greatest challenge is triggering and sustaining behavioral change to end open defecation and achieve total sanitation throughout India. The Director stated that one key to success is the mobilization of political will to create an enabling environment that supports systematic program implementation. A second requirement is dedicated manpower concerned specifically with implementation of sanitation initiatives. Recent Government initiatives in the NBA include a greater emphasis on communication and information, education, communication (IEC). More intensive effort is being given to capacity building through the current State and District planning. Emphasis is also being given to monitoring, with more manpower input, and will include monitoring of usage and sustainability of toilets. The Director noted that greater focus is needed on hygiene promotion and the supply chain as a weak supply chain will affect post-construction support and maintenance of facilities.

Ms. Smita Misra of the World Bank analyzed lessons learned from 12 on-going/closed World Bank-supported projects in 11 States. She noted that reforms in sanitation work if Panchayats/community is involved and has a central role in planning and implementation<sup>2</sup>. Empowering communities and improving institutional models means that a range of professionalized back-up services must be provided. Among other initiatives, World Bank-supported projects have contributed to scaling up through state award programs and the monitoring of ODF through innovative mobilizing techniques (participatory health communication, healthy home hygiene surveys) helping many local governments to win national and state awards. Mr. Verhagen emphasized the importance of leadership by national and state level governments together with

<sup>2</sup>Rural Sanitation Knowledge Sharing Forum. "What works at scale? Distilling the critical success factors for scaling up rural sanitation". The forum was organized by the Nirmal Bharat Abhiyan (NBA) of the Ministry of Drinking Water and Sanitation and the WSP. 5-7 February 2014, Jaipur, India.

ownership of local government. Scaling up, he noted, requires an enabling environment with supportive policies, capacity development, supply chain products, and systematic implementation.

In the two and a half days of the Knowledge Sharing Forum, 34 presentations were the focus of plenary and break-out group discussions with frequent reflection on lessons learned, challenges and key success factors for scaling up rural sanitation programs. Various aspects of these presentations are described in the following report, not in the form of a day-by-day account of the course of the workshop, but as a reflective compilation of the main deliberations. The report focuses sharply on the strategies as well as on specific implementation activities which are key to scaling up. The participants' summary of these critical issues and actions appear at the end of this report, providing an overview of the Forum as well as setting out the way forward to scaling up sanitation throughout India. The daily agenda is shown in Annex 2.

## BACKGROUND

During the two decades between 1990 and 2010, South Asian countries lifted more than 100 million people out of extreme poverty; yet 70% of the rural population still lacked access to improved sanitation by 2010<sup>3</sup>. For the largest country in South Asia, the 2011 Indian census found that 31% of the rural households had access to a latrine, compared to an international average of 47%. For rural sanitation coverage, India ranked 156th out of 189 countries<sup>4</sup>. Nevertheless, important progress is currently being made to explore and implement creative solutions to widen access to sanitation going beyond solely hardware provision to focus on safe sanitation behaviors.

In 2012, the Government of India revamped the rural sanitation program renaming it Nirmal Bharat Abhiyan (NBA) – Clean India Campaign – a comprehensive program to ensure sanitation facilities in rural areas, eliminating the practice of open defecation and ensuring a clean environment. The incentive program, Nirmal Gram Puraskar (Clean Village Prize), is also being implemented as a driver for eradicating open defecation and incentivizing whole communities in changing their sanitation status through competition for the prizes.

Current NBA reforms in sanitation focus on:

- A community planning and an intensive (saturation) approach to create sustained open defecation free communities;
- Conjoint implementation of the sanitation and water schemes;
- Capacity building, communication and independent monitoring;
- Convergence of programs to support sanitation initiatives;
- Solid and liquid waste management in communities (SLWM).

In addition, incentives or support in labor and materials have been scaled up, depending on the source of funding, to Indian rupees (INR) 9,100 or INR 10,000 (about US\$149 or US\$165) per household toilet through the NBA and State programs as well as through the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). NBA program resources are also available for communication/Information Education Communication (IEC), solid and liquid waste management, administration, educational institutions, sanitation supply centers and sanitary complexes. Resources are not lacking; rather, the challenge is to implement effective and sustainable sanitation across the nation.

During the Forum it was evident that a common understanding has emerged that infrastructure by itself does not lead to sustained sanitation practices. Having a toilet constructed, does not mean it will be used if motivation/demand is lacking. To shift from a construction or supply-driven focus to a demand-driven approach implies that it can not be business as usual. In reaching its conclusions, the participants at the Forum identified 4 key themes, which appear to be priority areas of work for policy makers and practitioners to achieve the desired results. The themes relate to: (1) demand and communication, (2) supply chain for sanitation, (3) systematic implementation including monitoring and capacity building, (4) institutional framework and enabling environment for local sanitation campaigns. The contents of each section are drawn from the Knowledge Sharing Forum presentations and the frequent deliberations in plenary and small break-out groups in each session.

<sup>3</sup>World Bank Poverty Data, Regional Dashboard. <http://povertydata.worldbank.org/poverty/region/SAS>. Data for Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

<sup>4</sup>Census of India 2011. Availability and type of latrine 2001-2011. [http://www.censusindia.gov.in/2011census/hlo/Data\\_sheet/India/Latrine.pdf](http://www.censusindia.gov.in/2011census/hlo/Data_sheet/India/Latrine.pdf) WHO & UNICEF Joint Monitoring Program (2011). <http://www.wssinfo.org/data-estimates/table/> This Monitoring Program collects information through nationally representative sample household surveys.



# KEY THEME 1

## DEMAND CREATION AND BEHAVIOR CHANGE COMMUNICATION

### Critical issues identified for scaling-up

- Demand creation for safe sanitation must come *before* physical implementation through activities such as triggering or participatory rural appraisal.
- Support for sustained new behaviors should *continue* after construction.
- Behavioral change communication focuses on the whole community, rather than individual households.
- IEC combines interpersonal communication and media optimally.
- Different motivational messages should appeal to audiences such as women, men, children, adolescent boys (segmentation).



Participants at the Forum in Jaipur agreed that demand creation and behavior change are keys to successful sanitation programming. Demand for sanitation implies that people want to own, maintain and use a facility (such as a toilet), want to make use of a community service (such as solid waste disposal), or practice a behavior (such as hand washing with soap). Behavioral change refers to what people do with this demand; specifically, that new sanitation and hygiene practices are carried out and are sustained. Experience has shown that without motivation for safe sanitation, facilities will not be consistently used. In this context, demand creation cannot come after construction. Demand and motivation for safe sanitation must come before physical implementation and continue with support for sustained new practices after construction.

There are several approaches, with commonalities, used to increase demand and stimulate new sanitation practices. The successful programs<sup>5</sup> represented at the Forum focus, not on individual households, but rather on groups of people such as the habitation, village, community

<sup>5</sup>See the case studies in the Forum's program (Annex 2) from districts in Andhra Pradesh, Bihar, Harayana Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Rajasthan, Uttarachand as well as Bangladesh, Cambodia, Indonesia, Thailand, Uganda and Vietnam.

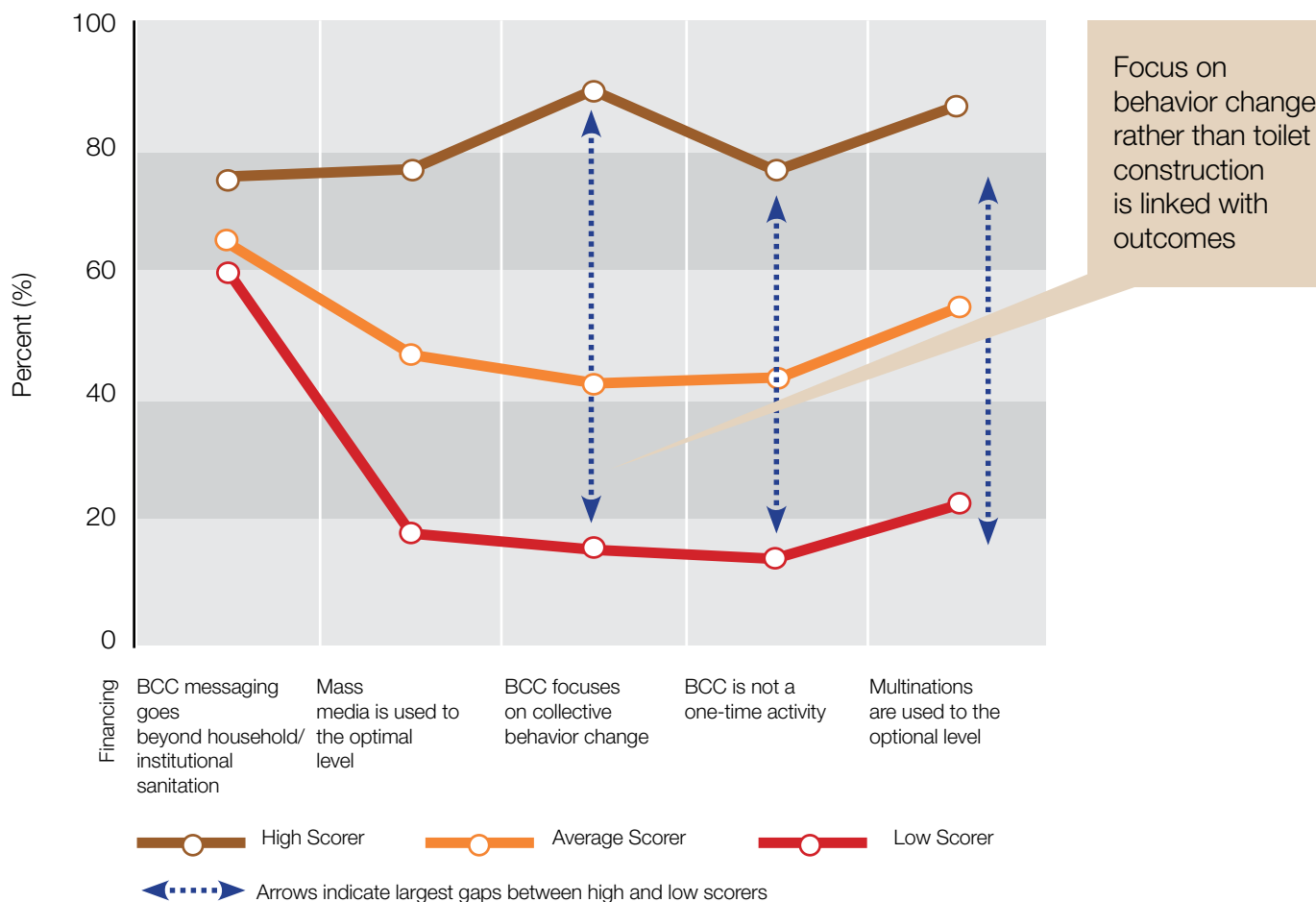
(Panchayat) to achieve open defecation free status. By focusing on groups rather than individual households, these programs take advantage of the powerful group processes of changing norms and the mutual support possible in the group, moving away from construction to focus on sustained open defecation free status.

In several States of India, these group processes begin with triggering for collective behavioral change. For example, in three districts in Rajasthan, district resource groups (mobilizers and trainers) stay in village for 2 to 5 days and carry out group triggering activities. They do not emphasize the availability of incentive payments and there are no subsidies before construction. As was mentioned, "We don't talk about toilets or incentives. We talk about open defecation."<sup>6</sup>

Triggering is based on stimulating a collective sense of avoidance or disgust about mass open defecation and its negative impacts on the entire community, then shifts to the identification of positive solutions. The community activities include defecation area transect walks, mapping of defecation areas, identifying and experiencing pathways of fecal contamination, individual commitments and preparation of an action plan<sup>7</sup>. It should be noted that among some observers, there is growing resistance to the idea of shaming and disgust. Instead, the pride and dignity of living in an ODF community is being emphasized.

In Uttarakhand, using a somewhat different approach, trained facilitators involve community groups using

Figure 1 : Comparing District scores for Behavioral Change Communication (BCC) in 56 districts



Source: WSP (2013)

<sup>6</sup>Presentations by Arti Dogra (Banko Bikanero: Community led sanitation campaign in Bikaner); Rohit Gupta (Community led sanitation campaign based on initiatives in Jhalawar and Churu); Anandhi (Institutional strengthening for rural sanitation-Bundi District) from the Knowledge Sharing Forum in Jaipur, 2014.

<sup>7</sup>Kar, Kamal and Robert Chambers (2008) Handbook on community-led total sanitation. Plan & IDS, UK. 91 pp <http://www.who.int/management/community/overall/HandbookCommunityLedTotalSanitation.pdf>

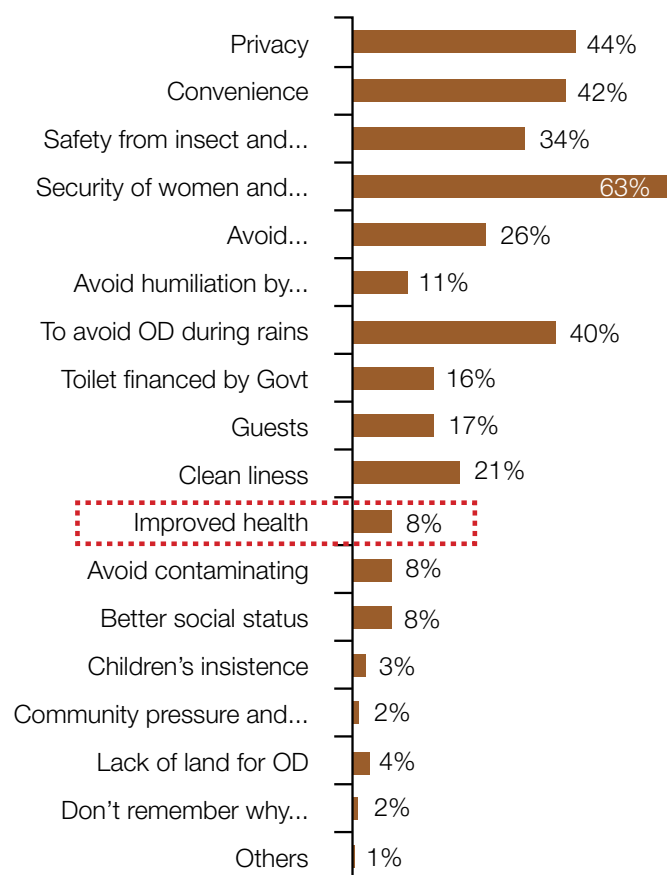




participatory rural appraisal (PRA) tools. Indicators are developed in community groups for personal, domestic hygiene and environmental sanitation. PRA includes in-depth participation of many community members, planning to reflect their reality, including the healthy home survey and data collection through secret balloting. As with triggering, the PRA approach focuses on community-wide discussion leading to the preparation of an action plan and setting of targets<sup>8</sup>. As noted in the findings from a WSP study in India (Figure 1), these successful approaches focus on collective demand creation and behavior change mobilizing a very large proportion of the people in the community and collective planning led by skilled facilitators<sup>9</sup>.

The successful sanitation programs have a number of themes or basic messages around which interpersonal communication is built. Themes appealing to men or women mentioned at the Knowledge Sharing Forum, in one or another setting, were: respect, beauty of the community, safety for women and children, convenience, privacy, menstrual hygiene, in-law visits, fear of attack by animals or economic benefits. In line with international research and as indicated in a study from Bihar (Figure 2), improved health is not the primary motivation drawn upon for behavioral change<sup>10</sup>. As one participant noted, "We know that health is important, but maybe not to reach people." In line with this, the NACO (National Aids Control Organization) media campaign reported that it focuses on giving messages that touch the heart and are segmented

Figure 2 : Motivations for constructing a toilet (N = 1275):



Source Presentation MS Jawaid

<sup>8</sup>Presentation by Sowjanya (Conjoint approach to water & sanitation in the State of Uttarakhand) from the Knowledge Sharing Forum in Jaipur, 2014.

<sup>9</sup>Presentation by M. Kullappa (Sanitation interventions vis-à-vis scaling and sustainability) from the Knowledge Sharing Forum in Jaipur and WSP (2013) Linking service delivery processes and outcomes in rural sanitation: findings from 56 districts in India., New Delhi, page 30

<sup>10</sup>See, for example, Curtis V, de Barra M, Aunger R. (2011) Disgust as an adaptive system for disease avoidance behavior. *Philos Trans R Soc Lond B Biol Sci.* 2011 Feb 12;366(1563):389-401. doi: 10.1098/rstb.2010.0117. [http://www.unicef.org/cholera/Chapter\\_7\\_communications/WATERAID\\_promoting\\_hygiene\\_practical\\_lessons.pdf](http://www.unicef.org/cholera/Chapter_7_communications/WATERAID_promoting_hygiene_practical_lessons.pdf)





according to target audience – youth, women, men, service providers, mainstreaming partners, tribal population.

After the community is motivated to stop open defecation, this demand must be maintained and transformed rapidly into safe sanitation facilities that are consistently used and maintained. This transformation is achieved through elements such as continued interpersonal communication, active local leadership, a strong supply chain and monitoring as described under Theme 2.

It was emphasized by participants at the Forum that communication throughout the sanitation cycle is crucial for scaling up and sustaining outcomes. The communication strategy should combine social mobilization and interpersonal communication with local and social media.

WSP research has shown that districts that have performed better have combined interpersonal communication and media optimally and on a continuing basis, not just as a one-time activity<sup>11</sup>.

To support such behavioral change approaches, the National Sanitation, Hygiene, Advocacy and Communication Strategy (SHACS) is being rolled out to encourage States and districts to plan and execute their own communication strategies. NBA and UNICEF assistance is available for this planning. Eight States have developed strategies and several have launched their communication campaigns with a focus on these sanitation and hygiene practices. At the national level, the Government of India through the NBA has initiated a media campaign on television and radio to reinforce these improved behaviors<sup>12</sup>.

<sup>11</sup>Kullappa/WSP (2014), *ibid*.

<sup>12</sup>Presentation by Arnold Cole (National sanitation, hygiene, advocacy and communication strategy – SHACS) from the Knowledge Sharing Forum in Jaipur, 2014. UNICEF reported that State-specific SHACS communication strategies have been developed in Andhra Pradesh, Gujarat, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal.



## KEY THEME 2

### SUPPLY CHAIN SUPPORTS DEMAND

#### Critical issues identified for scaling-up

- Supply chain should provide sufficient opportunity, affordability and adequate quality of products.
- Multiple technology and design options should be available that reflect consumer demand, not just a single model.
- Greater focus is needed on access of rural areas Panchayats to materials and products from private and government-assisted providers/RSMs.
- Household incentives should be provided after the community has taken steps to become open defecation free.



Participants acknowledged the need for the supply chain products and services to meet the generated demand quickly and at affordable costs, matching consumer preferences. These products and services may include technology and construction know-how, skilled labor, construction materials and their transport, access to credit, materials for up-gradation and pit emptying. WSP in its study on service delivery found that the highest scoring districts in rural sanitation were those having:

- Multiple options that reflect consumer preferences, promoting a menu of technologies and designs, not just a single model.
- Supply chain that extends into hard-to-reach areas<sup>13</sup>.

Multiple options: There has been a tendency to promote simple, single technology models which fit the subsidy available for construction. A study of 8 low-coverage districts in northern India found that, although there was demand, the supply chain did not provide sufficient opportunity, affordability, or adequate quality of products. The study found that households tended to have had either very cheap toilets fitting the subsidy (INR 2000 to INR 3000 at that time) with single pits only 3 feet deep

<sup>13</sup>Kullappa/WSP (2014), *ibid*.



or very expensive toilets<sup>14</sup>. Now, with a reinvigorated sanitation program, the opportunity presents itself to offer a menu of technical options that correspond to consumer preferences. The menu of options can include, for example, double-pit pour flush, shared pits in crowded areas, off-set pits about 5 foot deep pit below the intake pipe, raised double pit latrines, eco-sanitation models, superstructures designed in varying materials, toilets with attached bathing areas.

*One of the limitations of the TSC/NBA is the narrow range of technology options offered in a country with such immensely diverse geographic, hydrologic, climatic and socio-economic conditions (high water table, flood prone, rocky ground, desert/water scarce areas and extreme low temperatures).*

— Twelfth Five Year Plan, page 304

The Census (2011) data implied that a proportion of the latrines built in past years have not been sustained. In at least one state, this slippage is being addressed through upgrading by engaging MGNREGA resources<sup>15</sup>. Upgrading can also refer to moving up the sanitation ladder, with consumers using their own resources to improve the latrines they currently use, for example, by providing a bathing area with a soak pit and drainage, and improved/pucca superstructure or digging a new pit.

Rural Sanitation Marts (RSMs) and Production Centres (PCs) are meant to be pivotal elements of the supply chain by providing materials, services and guidance needed for constructing different types of toilets and other sanitary facilities for a clean environment. Production Centers are to produce affordable sanitary materials at the local level. Government assistance is available to RSMs and PCs for interest-free loans from a revolving loan service<sup>16</sup>.

The RSM/PC element of the supply chain operates quite differently in the various States. The study commissioned by the Planning Commission and another study in 5 States by UNICEF found that many operational RSMs work as private enterprises offering a range of goods in addition to sanitary materials, such as pipes, taps and so forth. The studies also found that many RSMs/PCs have ceased operations and that rural access to the RSMs is highly variable: 32% of the households had access

to the rural sanitation mart. In line with the Bihar experience reported at the Forum, the UNICEF study concluded that: *As the dynamics of demand can be quite complex in an RSM's catchment area – ranging from villages in the cut-off hinterland to ones in the block headquarters – there is a need to offer solutions that are differentiated by demand. For instance, in high-demand areas the private sector can take the lead while in ... the remaining areas a locally specific mix can be offered of extended government support and a well- structured private initiative*<sup>17</sup>.

*"While triggering is important, at the end of the day, you need the hardware to be visible and easily available so people know what to do, where to go. Checks and balances are needed all the way through the system that everyone is on the same page about what the minimum standards are for a quality toilet – so that each constructed toilet can be verified."*

— Elias Chinamo, Tanzania

In Indonesia, sanitation entrepreneurs deliver a one-stop-shop sanitation solution for rural households by supplying materials, skilled labor, on-site construction and transport services. They offer different options at different prices to rural households, including micro-credit. Sanitation entrepreneurs become accredited through a business association (called APPSANI) that operates as a platform to develop their financial and technical capacity through a business development training program in partnership with the government<sup>18</sup>. In an early program in Kerala masons were trained through guided construction of toilets and then, to control costs, the households were informed about the time needed and amount of materials required for construction<sup>19</sup>.

The NBA guideline states that upon completion of construction by the household, the incentive should be given to the household in recognition of its achievement<sup>20</sup>. Examples at the Forum from districts in Haryana and Meghalaya, among others, indicated that effective programs provide NBA incentives to households only after the community has taken steps to become open defecation free<sup>21</sup>. These State programs do not give NBA incentives directly to contractors, private suppliers or masons. Such a strategy for deployment of incentives is described under Theme 3.

<sup>14</sup>Presentation by Jithmathra Thathachari (A market led, evidence based approach to rural sanitation) from the Knowledge Sharing Forum in Jaipur, 2014.

<sup>15</sup>Presentation by Ram Bilash Siha (Innovations, reforms and convergence in sanitation sector - Jharkhand) from Knowledge Sharing Forum in Jaipur, 2014.

<sup>16</sup>Ministry of Drinking Water and Sanitation (2012) Guidelines of the Nirmal Bharat Abhiyan, New Delhi, Government of India, pages 8-9.

<sup>17</sup>(a) Planning Commission (2013) Evaluation study on Total Sanitation Campaign. New Delhi, Government of India, 186 pages; (b) UNICEF (2004) Rural sanitary marts and production centers- an evaluation. New Delhi. 8 pp. (c) Presentation by Jithmathra Thathachari (A market led, evidence based approach to rural sanitation) from the Knowledge Sharing Forum in Jaipur, 2014.

<sup>18</sup>Presentation by Susanna Smets (Business development at scale: role of industry association to support sanitation in Indonesia) from the Knowledge Sharing Forum in Jaipur, 2014.

<sup>19</sup>Kurup, Balachandra (1996) The community-managed sanitation program in Kerala. SEUF/IRC. <http://www.washdoc.info/docsearch/title/119918>

<sup>20</sup>Ministry of Drinking Water and Sanitation (2012) Guidelines of the Nirmal Bharat Abhiyan, new Delhi, Government of India, pages 8-9.

<sup>21</sup>Presentation by Puran Singh Yadav (Creating demand at scale in Harayana) and Rohit Gupta/Arati Dogra (ibid)



## KEY THEME 3

### SYSTEMATIC IMPLEMENTATION: WHAT LOCAL GOVERNMENTS DO

#### Critical issues identified for scaling up

- Systematic program implementation is a key to sustained behavior change. Example of 6-step program process is shown: (1) preparation and planning with *Panchayat* government/VWSC and community institutions, (2) motivation, planning and commitment of community (village, ward or *Panchayat* households) through triggering and PRA activities, (3) immediate mobilization and follow up through interpersonal communication, (4) construction and credit, (5) post-construction and sustainability of household sanitation, (6) solid and liquid waste management.
- High priority given to continuing capacity building through training, field visits, on-the-job support and so on.
- Accurate monitoring is needed of ODF, toilet use, maintenance, construction quality, among others, with action taken to improve the situation as the monitoring may indicate.
- When MGNREGA and/or NBA funds are used, behavioral change communication and demand creation must come before construction.



The *Nirmal Bharat Abhiyan* (NBA) is meant to be operated in a campaign mode, implying that the program can progress fairly rapidly. In Himachal Pradesh, for example, one large district was declared open defecation free within a few years. Some of the Gram Panchayats became open defecation free in 1 to 3 months<sup>22</sup>. Despite speed, the successful programs are undertaken systematically with a view to ensuring that the activities were adequately implemented and behavior change is sustained.

#### Example of a local program strategy for sanitation

The following Figure illustrates steps in a systematic sanitation program in which construction is the 4th out of 6 steps. The example represents the aggregated learning from the Knowledge Sharing Forum. Thus, if experiences from the various program presentations were put together, the strategy might look like this in a sanitation program whose goal is consistent and improved sanitation behaviors, not construction in itself. The duration and details of each step vary significantly in response to local needs and opportunities.

<sup>22</sup>WSP (2014) Kangra District: A community-led campaign made 760 gram Panchayats ODF in just three years in Pathway to success: compendium of best practices in rural sanitation in India. World Bank, New Delhi. pp 33-35.



**Figure 3: Example of local implementation of a sanitation campaign**

1. **Preparation:** At beginning of the campaign in a district, the more motivated communities are selected first. This may be based, for example, on demand from motivated PRIs, their willingness to take on administrative or supervisory tasks; strength of water and sanitation committees; willingness to organize credit for the program; or existence of groups (youth clubs, women's clubs, schools) that would be interested in collaborating. Once the first group of *Panchayats* has achieved ODF in a block, then implementation moves to the second group and, finally, the third group or more, working in stages to achieve block open defecation free status.

Preparation at the district/block level may include forming district teams, training personnel and support organizations, orientation and exchange visits for community leadership, organizing the dovetailing of the NBA funds with the MGNREGA and agreeing on rules and finance. Availability and transportation of materials and labor could be checked, in some cases by asking for competing bids by suppliers and checking the quality of their products (experience from many including Andhra Pradesh, Harayana, Rajasthan).

2. **Motivation:** Triggering or PRA activities are carried out with as many people as possible in each village or habitation and focus on helping people to reflect actively on their community and surroundings to stop open defecation. Trained facilitators from support groups, consultants or district resource groups spend 1 to 5 days in each Panchayat, depending on its size. Activities can begin with mapping a baseline with the community and end with commitment from the householders. The Panchayat/village plan is drafted and the Panchayat may commit to a date for open defecation free status (ODF) such as in one or a few months. Incentives are not mentioned because the point is to encourage open defecation free behaviors of the whole community. A community sanitation nodal worker and core management group are identified through the PRI or VWSC or from those who were most active and committed during the triggering. Some training of PRI and field workers with on-site support is provided by the support group (experiences from many including Jharkhand, Rajasthan, and Uttarakhand).
3. **Follow-up:** While motivation for sanitation is high in the community, the triggering or PRA activities are rolled rapidly over into door-to-door communication and small group meetings carried out by the VWSC/PRI, motivators and volunteers. A large number of local government workers and volunteers are deployed in the campaign. Many districts report that women and students are encouraged to take the lead. Model latrines are sometimes built and information sessions or classes may be held with householders informing them about toilet design options, maintenance, time needed for construction and indicative costs. At this point, some of the sanitation programs work so that the community is stopping the practice of open defecation, which can be checked by voluntary committees (*Nigarani* committee) who monitor the open defecation places in the morning and at sunset. Other sanitation programs proceed directly to the construction phase and, after that, monitor through community groups (experience from Bihar, Madhya Pradesh, Meghalaya, Rajasthan).
4. **Construction and credit:** Successful districts report that toilets are constructed according to preferences of the family. No NBA (or only partial) incentives are paid at this point. Experience shows that all households contribute something, in money, materials or labour. Securing a household and community contribution for sanitation schemes leads to improved sustainability. To ensure the quality of construction external oversight through the district support group or consultants/NGO may be needed. In some cases oversight includes encouraging cost control by masons by a third party or by householders themselves. Other community members may be involved, for example, youth groups to help pit digging or guarding stored materials for group purchases of materials. Progress may be publically posted in the Panchayat and reported to the district managers.

While there is considerable variation in the release of NBA and MGNREGA funds, some successful districts, for example in Rajasthan, separate the funding. In this approach, MGNREGA labor is operationalized for those less able to pay while the cost of materials is met by the household. It is reported that since communities expect to become ODF in a few months, poorer families can get credit, paying in installments for materials from vendors, accessing credit from the PRI or wealthier people. A program in Bihar reports that it organizes bank loans through self-help groups and repayment via the village level to the bank, with guarantees as in World Bank Livelihoods



project. In Jharkhand, revolving loans are accessed. In Cambodia, microfinance institutions provide group loans for rural households with repayments at village level, while disbursing the loans to suppliers that install toilets. Thus, there is innovation in accessing funds as a short-term measure, attending to the poor who need different types of personal and financial support. The point, however, is not to overlook poor households and to ensure a range of toilet models that are correctly constructed for sustainability and user preference.

5. **Post-construction and sustainability of household sanitation:** When the village declares itself open defecation free (and before work is started on solid and liquid waste management), then successful districts arrange rapid third-party verification and provision of State rewards or payment of NBA funds for materials through Panchayat to household bank accounts. Districts release all or part of the incentive for solid and liquid waste management (amount INR 7 to 20 lakh or about US\$11,500 to US\$33,000), which serves as a community reward to the *Panchayat* or *Panchayats/villages* may apply for State ODF award scheme (experience from Maharashtra, Rajasthan).

Safe sanitation practices must be sustained. A sample, nation-wide study in Bangladesh, for example, showed that open defecation decreased from 33% in 2003 to 4% in 2012<sup>23</sup>. In one study by WSP, significant factors for sustainability were the use of funding for long term usage/quality and a focus on sustainability by the district and Panchayat through periodic monitoring. Similarly, a study on sustainability three to nine years after the end of a sanitation intervention in Kerala showed that safe household behaviors continued for years after the end of the sanitation project where (a) the PRIs and support organizations had implemented intensively, (b) where householders had been trained through education classes on hygiene, technology and maintenance; and (c) where there was post-construction follow-up and monitoring<sup>24</sup>.

6. **Solid liquid waste management (SLWM):** In rural India 0.3 to 0.4 million metric tons of organic/recyclable solid waste are generated per day, including fecal sludge<sup>25</sup>. With increasing prosperity the waste problem, predominantly organic and increasingly inorganic, has worsened while resources for dealing with it have become available through the NBA sanitation program.

The effort to address solid and liquid waste management coherently is relatively new, presenting an opportunity to first learn from successful programs. Both the State-wide Kerala campaign supported by the World Bank and Karnataka Dakshina Kannada District program provided these learning examples at the Forum<sup>26</sup>. Both combine solid and liquid waste infrastructure with a management system and a campaign for public/personal waste management. The goal of the *Malinya Mukta Keralam* (Waste-free Kerala) is to reduce, reuse, recycle and recover at least 80% of the waste generated in rural and peri-urban communities. The SWLM package could be as basic as having composting or a garbage pit at household and community or as big as having bio-gas plants and community-based composting of waste. The principles of the Kerala state program include, as a first option, the segregation of solid waste (bio/non-bio degradable) and liquid waste (grey water and black water) at source with household based treatment and disposal. The second option is community-based collection, disposal and recycling systems. In Dakshina district in Karnataka, the SLWM project has developed commercial bio-manure (3 brands), a menstrual hygiene production center for menstruation pads, plastic waste collected for recycling system through district collection vehicles, cloth bag production center, monsoon and dry season waste treatment strategies including settling ponds, bio-reactor and sewerage treatment tanks. Grey waters from the treatment are used in gardens around the sanitation parks that make the waste units beautiful and inviting. Challenges include educating the public and private vendors, transportation of waste and affordable treatment/O&M.

<sup>23</sup>Presentation by Mo. Shamsul Kibria and Rokeya Ahmed (Community wide approaches in delivering sanitation services through Domestic private sector in Bangladesh) at the Knowledge Sharing Forum in Jaipur, 2014.

<sup>24</sup>WSP(2013) and Cairncross S et al. What causes sustainable changes in hygiene behavior? A cross-sectional study from Kerala, India. Soc Sci Med. 2005 Nov;61(10):2212-20. <http://www.ncbi.nlm.nih.gov/pubmed/15927330>

<sup>25</sup>Ministry of Drinking Water and Sanitation and the Asian Development Bank (2013) Guidelines for developing State policies on solid and liquid waste management in rural areas. Ecopsis, New Delhi.

<sup>26</sup>Ministry of Drinking Water and Sanitation and the Asian Development Bank (2013) Guidelines for developing State policies on solid and liquid waste management in rural areas. Ecopsis, New Delhi.

## Capacity building

In the more successful states and districts with systematic implementation processes, capacity building has been accorded high priority. It can combine skills development with motivation: capacity building can be important way to stimulate a change of heart. It includes, but goes beyond classroom training. Manpower and building capacities of frontline workers need to be addressed to ensure that the program has a behavioral orientation. For example, in Haryana, capacity building was a regular feature of the program through:

- Initial field trips and training by teams from Maharashtra
- Classroom with field trip about community led approaches carried out and continuing for hundreds stakeholders including officials, motivators, natural Leaders, trainers and volunteers trained.
- Classroom with guided field practice focused on community mobilization and collective community behavior change with triggering tools.
- Frequent and continuous sensitization programs at District, Block, village level functionaries and PRIs.
- Follow up workshops for District level officers and Block level officers, school teachers, PRI members.
- *Panchayat Sammelans* at district/ block level for PRIs and grassroots workers.
- Training on NBA and MGNREGS convergence and administration<sup>27</sup>.

A further example of enhancing capacity development is improving the quality of training where the World Bank/ WSP focus includes strengthening the capacity of training resource institutions to support the NBA. In Indonesia, sanitation training has been institutionalized within the curriculum of its 24 health polytechnic schools, providing trained workers for the sanitation program<sup>28</sup>.

From discussions at the Knowledge Sharing Forum, the need emerged to build skills in interpersonal communication. On the one hand, it can not be expected in the vast Indian program that field workers and volunteers will become expert communicators. On the other hand, it is possible to stimulate the use of more flexible interpersonal styles suiting specific audiences. Communication training may be useful and can be concrete and fairly simple. In such training, for example, field workers could practice 'new ways of talking' that move away from lecturing to explaining, asking questions, having activities, listening carefully to improve two-way communication.

## Monitoring

There was general agreement at the Forum in Jaipur about the significance of monitoring to control the quality of programs. The WSP found that monitoring had the strongest correlation with successful outcomes but the second lowest achievement score in the districts among the nine indicators in the 2013 study of 56 districts<sup>29</sup>. Thus, monitoring can provide evidence to improve service

<sup>27</sup>Presentation by Dr. Puran Singh (Creating Demand for Sanitation in Rural Haryana at Scale) in the Knowledge Sharing Forum in Jaipur, 2014.

<sup>28</sup>Presentations by Smita Misra (World Bank support to India rural water and sanitation program: key messages on sanitation) and Dr. Sumihardi (Strategic approach to institutionalize capacity building for rural sanitation in Ministry of Health curriculum, Indonesia) from the Knowledge Sharing Forum in Jaipur, 2014.

<sup>29</sup>WSP 2013, *ibid*.







delivery while the project is still on-going. In household sanitation, the monitoring may focus on activities and expenditure during the program, open defecation practices, construction quality and use of maintained facilities and perhaps the availability of soap/water near the toilet for handwashing. Monitoring will flourish under committed district and block leadership where the collected data is used and acted upon.

In some cases, monitoring is internal and carried out by people within the community. One example of internal monitoring is the tracking of progress by the village or *Panchayat* against the community baseline after triggering. Another example is a vigilance committee which checks to see if open defecation sites are being used early in the morning and at sunset (*Nigarani* committee). The VWSC or MGNREGA technical assistant would also check the construction quality.

For external monitoring, sanitation campaigns deploy third party monitors. Many approaches are being used. Some districts use cross visits by senior personnel and elected representatives from another block or district to check for the NGP awards or other State sanitation awards as in Maharashtra. In this process the third party monitors are also exposed to the sanitation program and other ways of operating it. Madhya Pradesh developed a peer review between villages, which also has a strong element of horizontal learning. Jharkhand has auditing done by chartered accounting firms. Uttarakhand uses an on-line tracking system giving greater transparency. In Maharashtra, an evaluation team grades the *Panchayats* into groups according to accomplishment. To implement the State's multi-level award system, evaluations teams are formed, including teachers, press, NGO workers with inter-departmental government staff. On the basis of their

assessment, financial awards are given to the village, block, district or school level and the winners become accredited resource centers.<sup>30</sup>

Effective monitoring refers to good quality data which is used to improve a situation. For this, there must be managers willing and able to take actions such as suspending construction work until the situation improves, changing nodal officers or motivators, repairing incorrectly built toilets, changing consultants or support organizations.

Effective monitoring also implies that effective data collection tools are used that measure as accurately as possible what they propose to measure. One such tool is checking toilets visually to see if they are maintained and appear to be used. A far less effective tool is self-reporting of practices, for example, asking a person in the household if they use a latrine or simply asking the community if they are ODF without checking. Self-reporting stimulates far too optimistic answers.

Real-time, results-based monitoring, as piloted by the government with support of WSP, uses data tracking through mobile phones and can be customized for households and educational institutions. The monitoring is carried out by independent data collectors who take a photo of the facility, monitor according to a small number of simple indicators and report GPS coordinates with the time of the visit. The data is immediately registered on a centralized tracker from which it can be analyzed<sup>31</sup>.

At the national level, the NBA is working to put continuous monitoring in place including having teams of professional monitors who will visit to the States. Experts at the Forum noted that the performance of a program is often driven by what is monitored. The present national reporting/

<sup>30</sup>Presentation from BK Sawai (Monitoring and reward scheme in Maharashtra) from the Knowledge Sharing Forum in Jaipur, 2014.

<sup>31</sup>Presentation by Upneet Singh (Monitoring behavior at scale) from the Knowledge Sharing Forum in Jaipur, 2014.



monitoring system for rural sanitation focuses on inputs and outputs achieved (construction targets) in the short term rather than sustaining behavior change (toilet usage). This may be an area of focus in the future.

### Convergence

For household sanitation in India, financial support is available from two Ministries whose programs are operating somewhat differently; and the situation is fluid. For example, the funds from the NBA incentives may be deposited into the individual household's bank account or, as in Bihar and Jharkhand, transferred to the *Panchayat*. There is also variability in the way funds from the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) are transferred, although this is often to *Panchayat* or PRI officers and Employment Guarantee Assistant for direct payment of labor and sometimes materials. Some States and districts have been able to organize the fund flow, timing of fund release and operating procedures so that the two programs converge. In some districts in Rajasthan, the funds from the two sources were reportedly applied at different times in the community, with MGNREGA funds used for labor while households cover the materials. After the open defecation free status of the community is verified then the NBA funds (for materials) are deposited

into household bank accounts. Another approach in some states, which may be less successful, is to provide the *Panchayat* with funds from both programs, expecting the local government and technical assistant from the MGNREGA to deal with convergence.

To help deal with the complexities of fund flow, financial regulations should be as simple as possible. Some states such as Rajasthan have undertaken simplification of processes such as simpler MGNREGA forms for utilization and completion certificates, pre-construction estimates<sup>32</sup>. Two districts in Rajasthan report that physical implementation of toilets benefit from the availability of the MGNREGA line workers at *Panchayat* and block levels (Employment Guarantee Assistant, mate, technical assistant, block coordinator). Piloting has helped in fine-tuning the convergence processes.

As of 2014, increased funding support has become available from MGNREGA to construct toilets without converging with the NBA program. It is important to learn from past experience of earlier sanitation programs; and, if MGNREGA funds alone are used for sanitation, the basic pattern of the campaign would best be retained, with demand creation before construction, to ensure sustained behavioral outcomes.

<sup>32</sup>See presentation by Rohit Gupta about Churu and Jhalawar districts (Convergence with MGNREGA: Good practices in different States) <http://www.hprural.nic.in/G.pdf>



# KEY THEME 4



## STRONG INSTITUTIONS PROVIDE AN ENABLING ENVIRONMENT

### Critical issues identified for scaling-up

- Committed leadership at all levels is key to successful scaling up.
- Empowering policies are needed (operational, financial and convergence guidelines).
- Good program management with accurate and rapid monitoring and financial transfers for households and community award systems.
- Adequate staff salary/honoraria and individual out-put based incentive systems (for achieving ODF) with logistics for transportation.
- Community-led sanitation requires a professionalized support system at district and block levels with teams whose only responsibility is to take sanitation forward through support for triggering/PRA, capacity building, monitoring and 'handholding' as required.

Large scale mobilization within the community, including government and almost all local groups, with some capacitized workers among these among these.

Participants emphasized that committed leadership by government at all levels is key to scaling up the sanitation effort. For example, it was reported that in Hararyana, the Chief Minister took personal interest by tracking of progress and sending circulars to all *Panchayat* leaders and State Legislative Assembly Members to stimulate their participation in the sanitation campaign. Similarly, political commitment has been central to the achievement near universal coverage in other countries such as Bangladesh and Thailand where the governments put in place a supportive enabling environment. Commitment is also stimulated by the policy enabling environment; for example, in Rajasthan, the government has helped districts and local government to scale up through:

- Operational guidelines that promote a community-led and an intense, full-coverage (saturation) approach
- Simplified guidelines for funding under NBA in convergence with other programs





- Simplified administrative procedures and forms under the MGNREGA
- Guidelines for strengthening institutional arrangements through hiring motivators and forming a district resource whose group members provide training, planning and support

### Promotion of leadership at local levels

During the Forum, various channels for promoting local leadership in the sanitation campaigns of India were described. One element for catalyzing district and community leadership are the national incentive awards of the NGP. In addition, many States such as Himachal Pradesh and Maharashtra have State award programs with media coverage, for habitations, *Panchayats*, blocks and/or districts. These competitive awards have helped raise the profile of sanitation, strengthening the monitoring systems and improving governance.

Non-monetary awards for those involved in sanitation also help to promote leadership, for example, recognition by State and district personnel and the media. Experience in Kerala and Bangladesh has also shown that well-run rural sanitation programs help community leaders get elected, thereby stimulating commitment<sup>33</sup>. Another approach mentioned in a Forum break-out session is to promote talented and committed workers in the *Panchayat* and move them up to the block, district and State level.

The shift from a construction or supply-driven approach in sanitation to a demand-driven approach means that intensive effort is needed to ensure sustained demand in low-coverage districts. Some participants at the Forum stated that expecting voluntary and intensive involvement

by motivators and community workers is not sufficiently effective. Thus, drawing on NBA and State resources, some districts combine an honorarium or modest salary with rewards to workers for achieving and sustaining the ODF status for household sanitation. For example, in one district in Rajasthan (in 2013), motivators received an honorarium of INR 3,000 to INR 5,000 (US\$ 50 to \$83) depending on the size of the village, with an award of INR 8000 (US\$ 133) when ODF status is verified and another award of INR 6,000 (US\$ 100) when the community remains ODF for one year. In another district, trainers and support group members received INR 350 (US\$ 6) a day with INR 500 (US\$ 8) for night charges and a bonus for achieving ODF status<sup>34</sup>. Some States are also considering increasing the remuneration (or output-based incentives) of block level sanitation coordinators and *Panchayat* sanitation nodal officers.

Committed involvement of local elected representatives and workers also depends, in part, on rapid and accurate financial transfers in a well-managed program. Timely access to credit, rapid verification of the open defecation free status and timely payment of incentives to the household bank accounts are key to success<sup>35</sup>.

### Institutional structure that supports the community

The sanitation campaign is meant to be community-led; and for this, participants noted that support is needed to the village level for a professionalized support system<sup>36</sup>. Experience from Haryana, Madhya Pradesh, Rajasthan showed that to empower communities for leading the sanitation campaign effort with a demand-driven strategy, a range of support services should be in place to strategically support local government, field workers, suppliers and

<sup>33</sup>See, for example, Swaminathan Aiyar (2003) What Jananidhi tells us about community driven development: A case study of Kerala's rural drinking water and sanitation project, World Bank. WASHCost (2013) and Investing in WASH (sanitation) services is a winning formula <http://www.washcost.info/page/563>

<sup>34</sup>Presentation by Anandhi (Institutional strengthening at district level in Bundi district, Rajasthan) and Arti Dogra (Banko Kikano: community led sanitation campaign in Bikaner) at the Knowledge Sharing Forum in Jaipur, 2014.

<sup>35</sup>From various reports and discussions at the forum, including: Maharashtra and three presentations from Rajasthan.

<sup>36</sup>Presentation by Smita Misra (World Bank support to India rural water and sanitation program: key messages on sanitation).



masons providing strong capacity building, monitoring and 'handholding' as required. There was a growing consensus in the Knowledge Sharing Forum that this support can best be provided by district and block personnel (or NGOs at block level) whose only responsibility is to take sanitation forward, concentrating only on sanitation during the duration of the campaign.

## District and block

A conclusion of the Forum is that strong district leadership must be in place. The driving force can vary but might be composed of a small Core Group within the District Sanitation Mission or District Government (*Zilla Parishad*). Experiences in States such as Madhya Pradesh and Rajasthan support this. Support teams at the district or block level may be needed for training, triggering, management back-up and the supply chain. Putting these teams together calls for a certain flexibility, for as one Collector noted, success was largely due to putting in place the "kind of team I wanted". In building their teams, districts may also incorporate well-established local institutions. For example, in Meghalaya, trusted NGOs engaged in community development programs, were active partners providing local support.

## Community (*Panchayat*, village or habitation)

Local leadership structures vary considerably, however in many situations, the VWSC manages the program, headed by the leader of the *Panchayat* or village (*sarpanch*, *pradhan*, *Panchayat* secretary and/or treasurer of VWSC). There is also some experience in appointing an incentivized sanitation nodal officer or technical assistant within the *Panchayat* during the campaign period<sup>37</sup>.

Discussions made clear that a key challenge has been ensuring a sufficient number of skilled front line workers. As all the case studies presented at the Forum demonstrated, a very large number of people and groups can be mobilized in the community such as:

- Natural Leaders, traditional and religious leaders
- Motivators who may be designated as *swachhata doots* or other
- All village level departments such as teachers, nursery leaders (*anganwadi*), health workers, for whom it may be important to coordinate with their supervisory staff at State/District to stimulate their participation
- Suppliers and masons

- Local groups: women's groups and self-help groups (SHGs), youth groups, children in schools, all of whom can play significant roles in the campaigns.

As described in Theme 3, training or orientation with adequate supervisory support is needed for those most active in the program within the community.

## NGOs and private sector

In every State, support organizations, largely from non-profit but now also from the private sector, are engaged in sanitation programs. The private sector has traditionally been involved in supply of materials and construction but is now taking on a wider range of roles<sup>38</sup>. Both types of support organizations-- NGOs and private sector -- have been involved in one setting or another to work with:

- supply chain, construction materials, masons, technologies,
- capacity building, advocacy materials and media and in a few settings such as Jharkhand, running block resource centers,
- monitoring,
- micro-finance enabling instalment payments, providing loans,
- solid waste management,
- marketing locally or in the mass media.

For each of these activities, a pending issue is: Who identifies NGOs and private sector groups? In a decentralized system, it would logically be the community or *Panchayat* government that would identify and hire its own support organizations. However, at the beginning of the program when these support groups should be brought in, the local government might be unfamiliar with a demand-driven approach and therefore not always able to identify effective support groups. This may more logically be done by capacitated district leaders and sanitation staff as well as the State level.

Another type of NGO previously employed in some States, are small contractors who set up their NGOs largely to win contracts from local government or VWSCs for construction in a supply-driven mode. These have not had a good track record, giving little or no attention to behavior change or not constructing to high quality; and, their services are reportedly being discontinued<sup>39</sup>.

<sup>37</sup>Rajiv Gupta and B. Kurup, *ibid*.

<sup>38</sup>Jithamithra Thathachari, Bihar. *Ibid*.

<sup>39</sup>Presentation by MS Jawaid (Moving from contracting mode to community empowerment- An Experience from Bihar) from the Knowledge Sharing Forum in Jaipur.

## The challenge ahead

At the conclusion of the Knowledge Sharing Forum, the participants drew together the results of the deliberations on the way forward. This provides a useful overview of the Forum's conclusions and recommendations. Overall, support to the District is seen as a critical factor, and it was agreed that the types of support needed to achieve District-wide success in rural sanitation are:

- Commitment and political from leadership at highest level
- Advocacy to improve political will within the district
- Good capacity to implement behavioral change communication and social marketing for ODF
- Uncomplicated strategies, clear guidelines and freedom to implement. These include state-specific guidelines on achieving open defecation free status and behavioral change communication as well as simple operational and financial guidelines.
- Support from state for recruitment, investment in staff and in capacity building

Participants at the Knowledge Sharing Forum identified elements needed to shift from islands of success in districts to State-wide success in sanitation. Keys to this transition are:

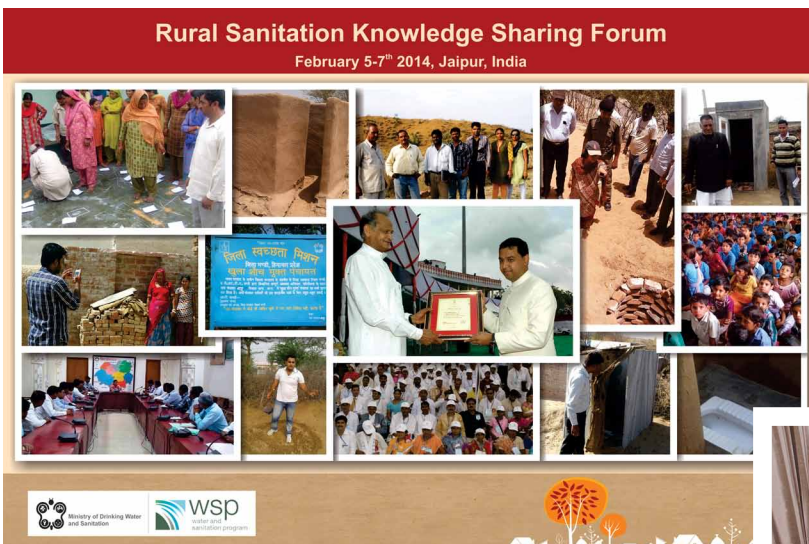
- Support, commitment and coordination by government staff and elected representatives
- Social marketing (with decentralized fund flow) and supply chain management
- Review, support (hand-holding) and recognition of Districts
- Learning from experience and application of that learning
- Dedicated teams to implement the program

There are gaps in the body of knowledge needed for scaling up to *Nirmal Bharat* by 2022. These include:

- Monitoring for outcomes
- How behavior change works
- Use of incentives for sustainability
- Ensuring the poor are reached
- How to raise sanitation on the political agenda

The key question is not whether India will be a country where 1.2 billion people have and use safe, sustainable toilets that pose no danger to themselves or to their environment. It is a question of when this will happen. The Knowledge Sharing Forum in Jaipur focused on this issue by examining the critical factors to scaling up rural sanitation. It found that achieving the desired results depends on commitment in all States to empowering communities to take the lead in their transition to open defecation free status. This implies a shift in the program from a supply-driven mode focusing on construction to a demand-driven strategy that results in safe and continuing sanitation and hygiene practices by all. The financial resources for this exist. Achieving this goal requires strong political will and a systematic implementation strategy with staffing sufficient resources to support local communities. Key elements include demand creation, a strong supply chain, capacity building, effective monitoring and an institutional structure dedicated to the sanitation campaign. International experience and good practice in India has shown how this can be done. The key to a rapid transition is commitment to learning from this experience and adapting it to the special circumstances in each of the more than 600 districts in India.







# APPENDIX 1

## Summary of Participant Evaluation

At the conclusion of the Knowledge Sharing Forum, 34 participants completed an evaluation form that focused on the extent to which the event achieved its goals, the conduct of the sessions and the efficacy of the Forum outcomes. Half of the respondents were from the State and local government, in addition to which there were three participants from the Central Government of India and eight from international organizations. A small number were from Indian NGOs (3), private sector (1) and other countries (2).

The evaluation was divided into two parts: Firstly, there were rating scales for specific statements in which the participant could respond as 'strongly agree', 'agree', 'disagree' or 'strongly disagree'. Secondly, there were three open questions related to the applicability of the elements of the Forum to the participant's work.

All of the participants strongly agreed or agreed that the goals and objectives of the Forum were clearly defined (16 and 18 responses respectively). Similarly, all strongly agreed or agreed that the learnings from the Forum will be applicable to the participant's work (10 and 24).

Regarding the processes of the Forum, while the participants strongly agreed or agreed (16 and 14 out of 34) that there was sufficient opportunity for interactive participation, four did not. Of these four, three work at the State and District government level and, judging from one comment, would have liked to discuss some programming topics in greater detail.

The item receiving the lowest score was: "I got most of my questions answered during the Forum". For this, 9 (26%) strongly agreed, 19 (56%) agreed while 5 (15%) disagreed and 1 person did not answer. These scores do not seem particularly surprising as the thrust of the event was to some extent exploratory, in which participants shared information about how to scale up, that is, how to make the transition from the current state of islands of success in sanitation programming to a sustained and universal open defecation free status in India. To put this in sharper profile-- at this point, indeed, not all questions can be answered for participants coming from throughout India. It might be instructive to retain this question in an evaluation form in a subsequent conference, within one or two years, to ascertain if the response profile changes.

The second lowest scoring response related to the issue: "The presenters were knowledgeable about the topic they presented." For this, no participants disagreed with the statement. Twenty-six (76%) stated that they agreed while only 8 (24%) 'strongly agreed'. The former category was spread among all groups of participants (state/local government, central government, international and



development partners, NGOs). While the respondents, overall, appeared to be fairly satisfied with the knowledge demonstrated by the presenters, it may be conjectured that this item interacts with the preceding item. In other words, participants who did not get most of their questions answered tended to be less satisfied with the presenters.

In terms of the venue in Jaipur, participants agreed that the facilities were a conducive setting for the Forum (20 strongly agreed, 14 agreed) and that the IT equipment and other resources worked well (19 and 14 respectively). Most expressed satisfaction with all aspects of the process, logistics and handling of inquiries (17 and 16 respectively with one person disagreeing). The last item related to venue and administration was: "The quality of information received prior to the Forum was highly informative." For this, 12 strongly agreed (35%), 17 (50%) agreed and 5 (15%) disagreed. In the latter group, three of the five respondents came from NGOs.

Participants were asked to identify the element of the Forum that is most applicable to their work. It was interesting to observe that the responses were spread among many topics and presentations, perhaps indicating that the overall Forum program had something to offer to most people. The items which were mentioned most frequently, that is, by three or four participants were: behavioral change and demand creation, the case studies of success (from Thailand, Indonesia, Rajasthan and Himachal Pradesh), monitoring, convergence and the solid and liquid waste management session.

In response to the question about what elements were least applicable to their work, only eight of the 34 participants noted any specific item. The remaining 26 stated that each element was relevant or useful. Interestingly, the two participants from government of other countries expressed particular surprise at the high level of subsidy from the central government in India. Only two of the 34 presentations were judged to be less applicable in the responses.

Lastly, in response to the important question about how the participant plans to apply what he or she learned at the Forum, there was a wide range of responses, many quite specific. These included:

- Re-working the demand creation and IEC strategies in our program
- Training community motivators
- Application in a project proposal now being prepared for the World Bank
- Application of new monitoring mechanisms
- Advocacy for better and technically equipped professional teams of workers

- Organization of a similar Forum in LAC and in State workshops in Meghalaya State
- Further study of the solid and liquid waste management strategies adopted by Kerala and Karnataka
- Initial application of the Rajasthan experience from the case studies on a trial basis

Several participants also noted that they will focus on increased advocacy to stimulate commitment to the sanitation effort at the State, district and local level.

In conclusion, the participant evaluations were on the whole positive and provide some insights into ways in which elements presented at the Forum may be of practical use to now that the participants have returned home.

# APPENDIX 2

Program of the  
Rural Sanitation  
Knowledge Sharing Forum



Rural Sanitation Knowledge Sharing Forum

## **What works at scale? Distilling the critical success factors for scaling up rural sanitation**

Draft Program, February 5-7<sup>th</sup> 2014, Jaipur, India





Timing	Session theme	Title/Topic	Focus	Format	Presenter	Chairperson
Day 1: 5 <sup>th</sup> Feb, 2014: Inaugural session						
15:00-15:45	Registration with tea/coffee					
16:00- 17:30	Keynote addresses by the Hon'ble Minister RD & PR, Govt. of Rajasthan, Director (Sanitation) MDWS-Gol, Principal Secretary RD & PR, Government of Rajasthan, Mr. Joep Verhagen, WSP					Chair Person Mr. Shreemat Pandey, Principal Secretary, RD&PR, GoR
17:30- 18:30	Overview of progress in rural sanitation in Rajasthan	District level campaigns at scale in Rajasthan	Enabling state policy with key elements of the strategy and operational guidelines & case studies of successful district campaigns at scale.	Presentation followed by discussions	Ms. Aparna Arora, Secretary, Government of Rajasthan, Mr. Rohit Gupta & Ms. Arati Dogra, District Collectors of Churu and Bikaner	
18:30 onwards	Dinner at Chokhi Dhani					
Day 2: 6 <sup>th</sup> Feb, 2014: Technical sessions - Morning Plenary Session Chair of the Day: Jane Bevan, Regional Sanitation Adviser, WSP South Asia						
09:00 – 09:20	Setting the Scene: plenary session	Overview of progress in rural sanitation	Overview of <i>Nirmal Bharat Abhiyan (NBA)</i> & new initiatives	Presentation	Mr. Sujoy Majumdar, Director (Sanitation) MDWS, Gol	Ms. Aparna Arora, Secretary, Government of Rajasthan
09:20 – 09:40			Experiences from World Bank Projects in India	Presentation	Ms. Smita Misra, SASDU, World Bank India	
09:40 – 10:00			A framework for the delivery of Sanitation Services at Scale	Presentation	Mr. Joep Verhagen, WSP India	
10.00 – 10.30			Discussion	Plenary panel	All 3 presenters	
10:30 – 11:00 Coffee/ Tea Break						
11:00–11:20	Setting the Scene: plenary session	Sanitation Services at Scale	Sanitation at scale in rural India – the case of Himachal Pradesh	Presentation	Ajith Kumar, WSP India	Mr. Sujoy Majumdar, Director (Sanitation) MDWS, Gol
11:20- 11:40			Delivering Sanitation Services at Scale in Thailand	Presentation	Ms. Pariyada Chokewinyoo, Director of Environmental Health and Mrs. Neeranuch Arphacharus, Senior Policy and Plan Analyst, Dept. of Health, Thailand	
11:40 – 12:00			Findings from a national study on sanitation service delivery models in 56 districts in India	Presentation	Mr. Mariappa Kullappa, WSP India	
12:00 -12:30			Discussion	Plenary Panel Discussion	All 3 presenters	
12:30–13:00	Theme 1: Scaling up Rural Sanitation		Introduction to Breakout sessions with 2-3 short presentations followed by group discussions – report back in plenary			Mr. Simon Prince
13:00-13:30: Group photograph 13:30-14:30: Lunch Break Afternoon – Breakout Technical Sessions						

Timing	Session theme	Title/Topic	Focus	Format	Presenter	Chairperson
14:30 – 17:00	<b>Breakout Session 1</b>	<b>Institutional strengthening for taking sanitation to scale</b>	<ul style="list-style-type: none"> <li>Case study: institutional strengthening at district level in Bundi District, <b>Rajasthan</b>.</li> <li>Case study: moving from unsafe sanitation to collective behavior change in <b>Meghalaya, India</b>.</li> <li>Case study: Conjoint approach to water &amp; sanitation in the State of <b>Uttarakhand</b></li> <li>Strategic approach to institutionalize capacity building for rural sanitation in the Ministry of Health curriculum, <b>Indonesia</b></li> </ul>	Presentation and discussions	<p>Ms. Anandhi, District Collector, Bundi District Rajasthan</p> <p>Mr. Pravin Bakshi, District Collector (Tura), Meghalaya</p> <p>Mr. D R Joshi, State Coordinator- NBA Uttarakhand, Dr. Sumihardi, SKM, M.Kes, Chair of Communication Forum of Indonesian Environmental Health School</p>	Mr. Joep Verhagen, WSP, India
14:30–17:00	Breakout Session 2	<b>Supply chain strengthening/ Sanitation Marketing</b>	<ul style="list-style-type: none"> <li>Business development at scale: the role of industry association to support sanitation enterprises in <b>Indonesia</b></li> <li>Community wide approaches in delivering sanitation services through Domestic private sector in <b>Bangladesh</b></li> <li>A Market-Led, Evidence Based Approach to Rural Sanitation in <b>Bihar</b></li> </ul>	Presentation and discussions	<p>Ms. Susanna Smets, WSP East Asia</p> <p>Mr. Muhammad Shamsul Kibria, Joint Secretary of Local government Division, Government of Bangladesh and Ms. Rokeya Ahmed, WSP Mr. Aaroon Vijayker, Monitor Deloitte</p>	Ms. Jane Bevan, WSP, India



Timing	Session theme	Title/Topic	Focus	Format	Presenter	Chairperson
14:30–17:00	Breakout Session 3	<b>Demand creation</b>	<ul style="list-style-type: none"> <li>• ‘No toilet no bride’ – creating demand at scale in <b>Haryana</b></li> <li>• The National Choo Bora sanitation campaign in <b>Tanzania</b>: emerging lessons</li> <li>• Experience in demand creation from <b>Madhya Pradesh</b></li> </ul>	Presentation and discussions	<p>Mr. Nitin K. Yadav, Special Secretary &amp; Director, DP and Mr. Puran Singh Yadav, State Project Coordinator, NBA, Government of Haryana</p> <p>Mr. Elias Chinamo, Asst. Director, Environmental Health, MHSW, Tanzania</p> <p>Mr. Ajith Tiwari, Deputy Commissioner, NBA, Government of Madhya Pradesh</p>	Mr. Arnold Cole, UNICEF, India
14:30–17:00	Breakout Session 4	<b>Monitoring</b>	<ul style="list-style-type: none"> <li>• Large scale monitoring of sustainability of sanitation outcomes using ICT in <b>India</b></li> <li>• Monitoring Systems &amp; Reward schemes - the Sant Gadgababa Swachata award scheme in <b>Maharashtra</b></li> </ul>	Presentation and discussions	<p>Ms. Upneet Singh, WSP, India</p> <p>Mr. B.K. Sawai, State Coordinator, NBA, Government of Maharashtra</p>	Mr. Ajith Kumar, WSP
17:00-17:30	Panel discussion	Reporting back	Highlights & key questions from the 4 breakout sessions	Panel Q&A	4 Session Chairs	Mr. Nitin K. Yadav, Special Secretary, Govt. of Haryana
<b>Day 3, 7th Feb. 2014: Technical session and Conclusions</b> <b>Chair of the Day: Nilanjana Mukherjee, WSP</b>						
09:00- 09:30	<b>Theme 2: Sustaining Sanitation at Scale</b>	Recap of Day 1, Introduction to Day 2	Recap of the day 1 technical session proceedings & Introduction to Day 2	Panel	Ms. Kathy Shordt, IRC	Mr. Simon Prince
09:30- 12:00	Breakout Session 5	<b>Beyond toilet promotion/ SLWM</b>	<ul style="list-style-type: none"> <li>• A national framework for solid and liquid waste management</li> <li>• Solid and Liquid waste resource recovery project of <b>Dakshina Kannada, Karnataka</b></li> <li>• Next generation SLWM in <b>Kerala</b></li> </ul>	Presentation and discussions	<p>Dr. Murugan, Consultant Economist, NRC, MDWS, GOI</p> <p>Ms. Manjula, NBA Coordinator, Zilla Parishad, Dakshina Kannada, Govt. of Karnataka</p> <p>Manu Prakash, SASDU, World Bank</p>	Mr. Mariappa Kullappa, WSP, India

Timing	Session theme	Title/Topic	Focus	Format	Presenter	Chairperson
09:30- 12:00	Breakout Session 6	<b>Innovative finances</b>	<ul style="list-style-type: none"> <li>Targeted subsidies for reaching the poor in <b>Orissa</b></li> <li>Lessons from rural sanitation micro-finance in <b>Cambodia</b></li> </ul>	Presentation and discussions	Mr. Shouvik Mitra, SASDL, World Bank  Ms. Susanna Smets, WSP, East Asia	Mr. Guy Hutton, WSP, India
09:30- 12:00	Breakout Session 7	<b>Convergence with MNREGA &amp; other sectors In India</b>	<ul style="list-style-type: none"> <li>Experiences in convergence of MNREGA and NBA from <b>Andhra Pradesh</b></li> <li>New Initiatives in taking the NBA forward: experiences from <b>Jharkhand</b></li> <li>Moving from contract-ing mode to community empowerment: Experience from <b>Bihar</b></li> </ul>	Presentation and discussions	Mr. Ramulu Naik, Director & Mr. Ravi Babu, Director CCD, SWSM, Andhra Pradesh  Mr. Ram Bilash Sinha, Superintending Engineer, Government of Jharkhand.  M S Jawaid, Director, PMU, PHED, Government of Bihar	Joep Verhagen WSP/ World Bank
	Breakout Session 8	<b>Communication and Advocacy</b>	<ul style="list-style-type: none"> <li>The roll-out of the National Sanitation and Hygiene, Advocacy and Communication campaign</li> <li>Large scale campaign on Aids control in <b>India</b></li> <li>Using Behavior Change Communication to Promote Hand Washing at scale in <b>Uganda</b></li> </ul>	Presentation and discussions	Mr. Arnold Cole, UNICEF Rajasthan  Dr. Rajesh Rana, GOI AIDS Programme  Mr. Umar Masereka, Govt of Uganda & Ms. Harriet Nattabi, WSP, Uganda	Ms. Jane Bevan, WSP, India
12:00- 12:30	Panel discussion	Reporting Back	Highlights & key questions from the 4 breakout sessions	Panel Q&A	4 Session Chairs	Neelanjana Mukerjee, Consultant WSP/ Joep Verhagen, WSP
<b>12:30 – 13:30: Lunch break</b>						
13:30- 14:30	Plenary	Key challenges and lessons learnt	Distilling the critical success factors for scaling up rural sanitation	Presentation & participatory session	Ms. Kathy Shordt, Mr. Simon Prince, Joep Verhagen	
14.30 –15:30	Vote of Thanks, Closing					





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